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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***This appln claims benefit of 60/367,461 06/11/2002 *MA***\*\* FOREIGN APPLICATIONS \*\*\*\*\****NONE MA***IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 11/25/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i>	<i>MA</i>			
	Examiner's Signature	Initials			

**ADDRESS**

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**TITLE**

Massage helmet

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